

Contribution Change Form - for Employer Use Only



Group Number: 150005	Participant Number:	Social Security Number:
Employer: Placer County 401(k)	Department:	
Plan Name:		
Participant Name: <i>(Last, First, M.I.)</i>		
<input type="checkbox"/> Name Change? Please provide documentation		
Mailing Address:		
<input type="checkbox"/> New?		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

<input type="checkbox"/> Increase	<i>Employee \$ OR %</i>	<i>Total Annual Contribution</i>
<input type="checkbox"/> Decrease	From <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Resume	To <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Suspend		

☐ I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

By execution of this document, the Employee authorizes that any Before-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

B. EMPLOYER SIGNATURE

By execution of this document the Employer agrees that any Before-Tax Contributions indicated above be made by reducing the _ Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature

Date

***Submit this Contribution Change Form to your Employer.
Do not return to Hartford Life.***